

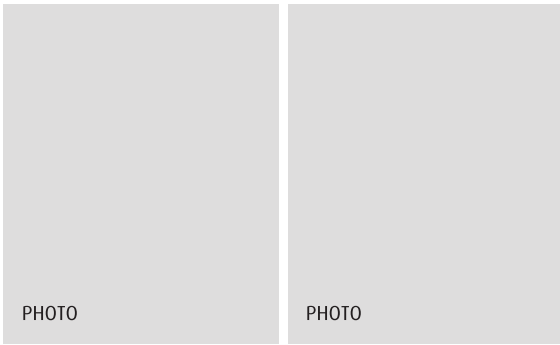


Application Form

INDIVIDUAL / JOINT

Investment Account Number:

CSD No:



PRIVATE WEALTH MANAGEMENT

MANDATE: Discretionary Non-Discretionary

1) PLEASE WRITE IN BLOCK LETTERS

ACCOUNT TYPE: <input type="checkbox"/> Single Account <input type="checkbox"/> Joint Account <input type="checkbox"/> ITF Account	
ACCOUNT HOLDER	JOINT ACCOUNT HOLDER/ITF
Title: Mr./Mrs./Ms./Dr. /Prof.	Title: Mr. /Mrs. /Ms. /Dr. /Prof.
Surname:	Surname:
Other Names:	Other Names:
Maiden Name:	Maiden Name:
Date of Birth:	Date of Birth:
Mother's Maiden Name:	Mother's Maiden Name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	Email:
Telephone Mobile number:	Telephone(Mobile):
Postal Address:	Postal Address:
Residential Address: Nearest Landmark	Residential Address: Nearest Landmark
Digital Address(Ghana Post GPS):	Digital Address(Ghana Post GPS):
Nationality:	Nationality:
Country of Residence:	Country of Residence:
Residential status Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>	Residential status Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>
If country of origin is not Ghana, please provide the following	If country of origin is not Ghana, please provide the following
Resident Permit Number Place of Issue	Resident Permit Number Place of Issue
_____	_____
Permit issue Date Permit Expiry Date	Permit issue Date Permit Expiry Date
_____	_____

TIN/ECOWAS ID NO. _____

Proof of Identity

ID type: Passport: Voters ID:

Driver's License: SSNIT Card: National ID:

ID Number: _____

Issue Date: / /

Expiry Date: / /

Marital Status: Married Single Widowed Divorced

TIN/ECOWAS ID NO. _____

Proof of Identity

ID type: Passport: Voters ID:

Driver's License: SSNIT Card: National ID:

ID Number: _____

Issue Date: / /

Expiry Date: / /

Marital Status: Married Single Widowed Divorced

2) FURTHER INFORMATION

Employment Status

Employed Self Employed

Retired Unemployed Student

Occupation/Profession: _____

Name of Employer/Business/School: _____

Address: _____

Digital Address: _____

Nature of Business: _____

Primary Source of Income: _____

Other Source of Income: _____

Employment Status

Employed Self Employed

Retired Unemployed Student

Occupation/Profession: _____

Name of Employer/Business/School: _____

Address: _____

Digital Address: _____

Nature of Business: _____

Primary Source of Income: _____

Other Source of Income: _____

Investment Objectives

Retirement Planning Education Mortgage Income Others

Investment Horizon

Short Term Below 1year Short-Medium Term 1-2 years Medium term 2-3years Medium-Long term 3-5years Long Term above 5 years

Gross Annual Income

Under GHS10,000.00 GHS10,000 TO GHS50,000 GHS 50,000 TO GHS 100,000
 GHS100,000 TO GHS 150,000 GHS150,000 TO GHS200,000 OVER GHS200,000

Investment Knowledge

Sophisticated Good Fair Novice

Risk Tolerance

Low Medium High

Other Investment Held

Treasury Bills Mutual Funds Bonds Stocks Insurance Other

3) DETAILS OF INVESTMENTS

Amount Deposited(in Figures): _____

Amount in words _____

Mode of Deposit: Bankers Draft Transfer Cash Cheque

Cheque Details

Name of Bank: _____

Cheque No. _____

Branch: _____

Please indicate how you wish to receive your investment advice(s) VIA:

Email

Collection at FAAM premises

RM to deliver

4) BANK DETAILS

Bank Name		Branch
Account Number		Account Name
a. Issue a transfer/cheque for the maturity proceeds to me/us. Or in favour of: b. Mobile Money Transfer c. Hold on with proceeds and wait for disposal instructions from me/us. d. Any other(Please state in space provided):		

5) NEXT OF KIN

NAME	%	RELATIONSHIP	ADDRESS	TELEPHONE	EMAIL

6) INVESTMENT OPTIONS

TREASURY INVESTMENTS		OTHERS
Bills	<input type="checkbox"/> 91-Day Govt. Of Ghana T-Bill <input type="checkbox"/> 182-Day Govt. Of Ghana T-bills	
Notes	<input type="checkbox"/> 1 Year Government of Ghana Note <input type="checkbox"/> 2 Years Government of Ghana Note	<input type="checkbox"/> Private Wealth Management
Bonds	<input type="checkbox"/> 3-Year Government of Ghana Bond <input type="checkbox"/> 5-Year Government of Ghana Bond <input type="checkbox"/> 7-Year Government of Ghana Bond <input type="checkbox"/> 10-Year Government of Ghana Bond	<input type="checkbox"/> Other
Please indicate how you wish to receive your investment advice(s). VIA <input type="checkbox"/> Email <input type="checkbox"/> Collection at FAAM Office <input type="checkbox"/> RM to deliver		

7) PEP STATUS

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)

Do you, your spouse, or any other immediate family member, including parents, in-laws, siblings and dependants fall under the following:

A head of state/government, Politician, Senior Public Official, Senior Military Official, Senior Public Corporation Officer, High Rank Political Party Official in Ghana. YES NO

If yes to any above, please specify name (if not the applicant) and nature of the position:

8) CLIENT ADDITIONAL INFORMATION

NB: The data below is designed to capture information for Common Reporting Standards (CRS) as well as FATCA (Foreign Account Tax Compliance Act)

- Are you a citizen of any foreign country (beside Ghana)? YES NO
- Do you hold passport of any foreign country? YES NO
- Are you a resident in any foreign country? YES NO
- Do you hold green card of any foreign country (beside Ghana) YES NO
- Have you spent more than 183 days in any foreign country? YES NO

If your responses to any of the above questions in yes, Please provide the following:

Full Name: _____
Foreign residential address _____
Foreign mailing address _____
Foreign Telephone Number _____
Foreign Tax Identification Number (TIN)/Social Security Number/National Identification Number _____

9) (TO BE COMPLETED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THIS FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter

Mark of Customer _____

Signature / Thumbprint _____

Date: DD M Y Y Y Y _____

Name & Address _____

of Interpreter _____

Mark of Interpreter _____

Signature/Thumbprint _____

Date: DD M Y Y Y Y _____

Language of Interpretation _____

10) DECLARATION

I/We _____ hereby certify that all information provided herein above are true and correct as of the signature date. I/We undertake to notify First Atlantic Asset Management Ltd of any changes to the information provided. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.

Signature _____

Date: _____

Signature _____

Date: _____

11) MANDATE

Sole signatory

Both to sign

Either to Sign

Name of signatory _____

Name of signatory _____

Signature: _____

Signature: _____

12) CUSTOMER RISK PROFILE

Client verification / Screening _____ INDICATE TOOL FOR VERIFICATION AND SCREENING

Level of Risk: Low Medium High

Nature of High Risk Exposure: PEP Non-Resident

High Risk Business (Refer to Guide) State Nature of Business _____

High Risk Country State Country _____

13) APPROVALS

Name of Licensed Officer _____ Account Opened by: _____

Sign/Date _____ Sign/Date _____

Account Approved by Compliance Officer/AMLRO _____

Comments _____

Sign/Date _____

*Accounts of High Risk Nature must be jointly approved by CEO/Executive/Senior Manager and AMLRO.

High risk account authorized/approved by Executive Director/CEO

Name _____

Comments _____

APPLICATION REQUIREMENT

Date: _____

1. Passport/Drivers License/Voters ID card/Birth Certificate/SSNIT ID Card etc.

2. Completed Application and KYC Forms..

3. One (1) passport-sized photograph fully endorsed by each signatory.

4. Water/Electricity Bills for residential address confirmation.

5. Birth certificate for minors and ITFs are required.

6. Directional Map to the client's location is important as well

COMPLAINTS

All complaints should be forwarded to your relationship manager.
If your complaint is unresolved. Kindly write or call:

THE GENERAL MANAGER
No.3 Dr.Isert Road,Accra
P.O. Box CT 1620 Cantonments
030220116 / 0501419088
info@faam.com.gh